Trauma can be wicked!

Iris Zink, N.P.
Certified Rheumatology Nurse Practitioner
Beals Institute
Objectives:

Participant will be able to:

- identify 3 behaviors that can be used to improve functional capacity of chronic pain patients.
- state rationale behind importance of physical touch during patient encounters.
- Identify risk factors for traumatic pain to become chronic.
Why does pain evoke such a psychological response in all of us?
Fibromyalgia

- Forget the TENDERPOINTS
- Neurologic disease affecting multi-organ systems
- Pain is chronic but not necessarily progressive

Regional Symptoms and Syndromes Related to Fibromyalgia

- Tension/migraine headache
- Affective disorders
- Temporomandibular joint disorder
- Esophageal dysmotility
- Irritable bowel syndrome
- Interstitial cystitis, female urethral syndrome, vulvar vestibulitis, vulvodynia

- Cognitive difficulties
- ENT complaints (sicca sx, vasomotor rhinitis, accommodation problems)
- Vestibular complaints
- Multiple chemical sensitivity, “allergic” symptoms
- Neurolly mediated hypotension, mitral valve prolapse
- Non-cardiac chest pain, dyspnea due to respiratory muscle motility dysfunction
- Non-dermatomal paraesthesias

Constitutional
- Weight fluctuations
- Night sweats
- Weakness
- Sleep disturbances
CRPS

- No conclusive test
- 90% from trauma
- Allodynia
- Autonomic features: color, temp, sweat, ROM, tremor and loss of strength
- ? from neuropeptide stimulation
Hippos get excited
Pain changes the brain

- Disruption of the equilibrium
- White matter differences
- Communication errors occur
- Shrinkage of grey matter occurs

Why Chronic Pain is All in Your Head: Early Brain Changes Predict Which Patients Develop Chronic Pain

ScienceDaily (July 1, 2012)
Risk factors for chronic pain

- High initial pain
- Someone else’s fault
- Previous hx of trauma or PTSD
- Hx of depression
- Family history of FMS
- Definition of PTSD: Post-traumatic stress disorder is a type of anxiety disorder. It can occur after you've seen or experienced a traumatic event that involved the threat of injury or death. (reliving, avoidance and arousal.)
Encourage positive behaviors

- Celebrate the patient’s success
- Teach self pacing
Never underestimate the power of prayer.
Pain Cocktail

• Antidepressant
• Muscle Relaxer
• NSAID
• Anti-seizure
• Rescue Medication

• What have you tried?
Pain may be inevitable; make *suffering* optional.
The ameba story.
Summing it up

- Listen, be thorough and touch your patients physically and emotionally.
- Patience will lead to finding the best in the patients.
- It is all in how you look at it.
“You can’t shake hands with a clenched fist.” Gandhi
Reinventing Yourself
How to Become the Person You've Always Wanted to Be
STEVE CHANDLER
Author of 100 Ways to Motivate Yourself

Whale Done!
The Power of Positive Relationships
Ken Blanchard
Coauthor of Gung Ho! and Saving Face
Thad Lacinak • Chuck Tompkins
Jim Ballard
References/
Recommended Reading

- From Detached Concern to Empathy: Humanizing Medical Practice, Dr Jodi Halpern. Oxford University Press 2001
- Consumer Satisfaction in Medical Practice, Paul A Sommers, Haworth Press.
- The Heart Speaks, Dr. Mimi Guarneri, Touchstone 2006.
- [www.fibroguide.com](http://www.fibroguide.com)
- [www.sleepassociation.org](http://www.sleepassociation.org)
- Facebook No more fibromyalgia